



Dehydration

Some disabled youngsters are prone to dehydration because they restrict their drinking. We look at the reasons behind this and suggest ways to encourage children to keep up their fluid intake.

Background

As they get older, children assume more independence; they begin to dress, wash and feed themselves. A potty trained toddler learns to get to the bathroom and to use the toilet, but this natural progression can be more complicated for a child whose muscles are weak. Running to the bathroom might have been easy as a three-year-old boy with Duchenne muscular dystrophy, but by four or five-years-old the child may be getting slower and start to have the occasional accident on the way.

This can be embarrassing for the child, especially in the public forum of a nursery or primary school under the eye of irritated and impatient staff.

The problems that a youngster has in getting to the toilet do not end at school or in the nursery. Car journeys, holidays, even play-time with friends can be daunting if an accessible toilet isn't available. If going to the loo causes a fuss on family outings, is an embarrassment in front of friends and a chore for carers, the child reasons that it would be easier to avoid having to go to the toilet at all in these situations - and the way to do that would be to cut down on drinking.

A teenager has even stronger reasons for not drinking: parties, pubs, school and college (especially if the person is in a mainstream environment surrounded by able-bodied friends) all become hazardous when this private function becomes more like a public performance.

Why is it important to keep up fluid intake?

About 75% of our body consists of water; it has a vital role to play in keeping our bodies functioning properly. If our water content drops, several things can happen:

- ▶ **Constipation.** Water is used by the body to soften faeces and therefore helps to keep the bowel movements regular. With insufficient water, the faeces become hard and impacted in the colon causing stomach pain, distension and constipation. Although this can be treated with laxatives, these do not solve the cause of the constipation. Severe cases can mean that a child has to go to hospital for treatment (usually a drip to re-hydrate the body, and an enema to relieve pain).
- ▶ **Toxins.** The water we drink is processed by the kidneys and expelled by the body along with various toxins, as urine. If we don't flush the toxins away they remain in our body.

This factsheet is under review, due for updating later in 2017. If you have any queries, please contact us.

Version 02 / Date published: 2002 / Original author: Muscular Dystrophy UK / Updated: 2008 / Updated by: / Date of review: 2016
Registered Charity No. 205395 and Registered Scottish Charity No. SC039445



- ▶ **Kidney damage.** It is possible that kidney damage might occur in the long run due to chronic dehydration. This problem is currently being investigated.
- ▶ **Hypotension and postural symptoms.** These result from the reduced volume of blood in the body because of its lower water content. They could lead to tiredness, irritation and dizziness, especially on standing up. Young people who use wheelchairs could also experience dizziness when transferring from a bed to the chair, or when using a standing frame.
- ▶ **Renal stones.** Chronic dehydration is known to be a contributory factor in kidney stone formation in susceptible individuals, particularly in hot climates. It causes severe recurrent stomach pains and impairment of the kidney function due to repeated infection and obstruction.
- ▶ **Aches and pains, sunken eyes and dry skin** are all physical manifestations of dehydration.

How can you encourage a child or teenager to drink?

- ▶ Start from a very early age. Try to make it as easy as possible for the child to get to a toilet. If the loo at home is on the first floor, a young child could carry on using the potty downstairs. The child may need reassurance about this and will need to know that he or she is not naughty, or abnormal, even if the occasional accident still happens. If a child starts to bed-wet, it is worth considering whether this could be due to the physical problems of getting out of bed and to a toilet - rather than assuming that the bed-wetting has a purely psychological basis.
- ▶ Check out the facilities at the nursery or school. Are the toilets accessible?
- ▶ Explain to teachers and carers why it is important that the child needs to keep up a normal fluid intake and why they might be reluctant to go to the toilet unless the process is made as uncomplicated as possible. Is the child comfortable with their carer? If a child does not like, or is embarrassed with a carer, then they will keep toilet visits to a minimum.
- ▶ Letting a child keep a drinking bottle close at hand during the day can be a good idea.
- ▶ Try to check on toilet facilities before you embark on a journey. The National Key Scheme for Public Toilets gives access to 3,000 locked toilets in places such as railway stations throughout the country. Contact RADAR on **0207 250 3222** for more details. Also, Tripscope on **08457 585 641**. It offers free advice on journey planning, travel and transport.

Aids and equipment

There are many products on the market which can make toileting simpler:

- ▶ Portable urinals for males and 'non-spill adaptors' can be obtained from your health visitor or district nurse, as soon as getting to a toilet is difficult, or for use in a car. There is also a wide choice of urinals for females.
- ▶ If sitting on the toilet is proving uncomfortable or balancing on it is difficult, a toilet chair superimposed over the pan may be the solution. It is essential to assess the chair with an occupational therapist or your MDC Care Advisor to ensure that it can be used safely and provides correct support. The choice of chair will depend on whether it is also to be used in the shower or bath.

This factsheet is under review, due for updating later in 2017. If you have any queries, please contact us.

Version 02 / Date published: 2002 / Original author: Muscular Dystrophy UK / Updated: 2008 / Updated by: / Date of review: 2016
Registered Charity No. 205395 and Registered Scottish Charity No. SC039445



- ▶ A variety of toilet trainer seats or covers are available to give comfort and security to small children who find the toilet aperture too large.
- ▶ If a person cannot press against the ground with their feet when sitting on the toilet, it makes the process more difficult, especially when the muscles are weaker than normal. Footplates can be used here.

If you have feedback about this factsheet please email info@muscular dystrophyuk.org.

Disclaimer

Whilst every reasonable effort is made to ensure that the information in this document is complete, correct and up-to-date, this cannot be guaranteed and Muscular Dystrophy UK shall not be liable whatsoever for any damages incurred as a result of its use. Muscular Dystrophy UK does not necessarily endorse the services provided by the organisations listed in our factsheets.

Here for you

The friendly staff in the care and support team at the Muscular Dystrophy UK's London office are available on **0800 652 6352** or **info@muscular dystrophyuk.org** from 8.30am to 6pm Monday to Friday to offer free information and emotional support.

If they can't help you, they are more than happy to signpost you to specialist services close to you, or to other people who can help.

www.muscular dystrophyuk.org

This factsheet is under review, due for updating later in 2017. If you have any queries, please contact us.

Version 02 / Date published: 2002 / Original author: Muscular Dystrophy UK / Updated: 2008 / Updated by: / Date of review: 2016
Registered Charity No. 205395 and Registered Scottish Charity No. SC039445